FEE: \$75.00

All Fees Non-Refundable



TOWN OF STERLING BOARD OF HEALTH

TITLE 5 INSPECTION APPLICATION

ADDRESS: TELEPHONE DAYS:	NIGHTS:	
		e#Expiration Date
ADDRESS:		
TELEPHONE DAYS:		CELL#:
	INSTRUCTIO	ONS
for \$75.00. All Title 5 Inspe X2305. D Box cover and Se viewed by the BOH Agent. Components must be ready f inspections are required, add	ctions must be coordinated wit ptic Tank cover must be opened Groundwater determinations as or visual inspection at the time itional inspection fees may be ffice within 30 days of the insp	y order made payable to the <i>Town of Sterling</i> th the Board of Health Office @ 978-422-811 ed. No components are to be pumped until re to be made by Title 5 accepted procedures. e scheduled by the BOH Agent. If additional charged. PLEASE BE AWARE, Title 5 pection per 310 CMR 15.301(10). Failure to
Applicants' Signature		Date:
Office Use: Schedule Date	Inspector Signature	Completion Date
DEP 7/25/2018 and is now in	n effect.	face Sewage Disposal Systems was revised by ce will no long accept other revisions.

REV: 3/2021 Title 5/General